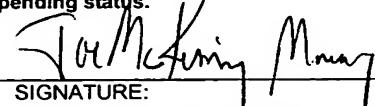
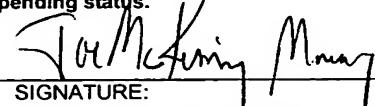
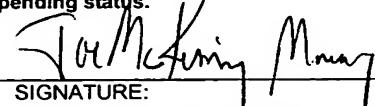


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|---|--|---|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>   |  | ATTORNEY'S DOCKET NUMBER<br>0104-0500PUS1 |
| INTERNATIONAL APPLICATION NO.<br>PCT/SE2003/001202  |  | INTERNATIONAL FILING DATE<br>10 July 2003 |
| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>107520478</b>   |  |   |
| PRIORITY DATE CLAIMED<br>10 July 2002   |  |   |
| TITLE OF INVENTION<br>WAVELENGTH SELECTIVE SWITCH   |  |   |
| APPLICANT(S) FOR DO/EO/US<br>Bengt SAHLGREN and Ulf ÖHLANDER  |  |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |  |   |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> |  |   |
| Items 11 to 20 below concern document(s) or information included:   |  |   |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: PCT/ISA/210 &amp; Six Sheets of Formal Drawings</p>   |  |   |

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|  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
|--|-----------------------------|--|---|---|--|-------------------------------------|-----------------------------|----------|---------------|-----------------|-------------------------------------|--------------------------|----------|-----------|--|-------------------------------------|---------------------|----------|-----------|--|--|--|--|-----------|--|--|--|--|-------------|--|--------------|--|--------------|---|------|--|------------|--|-------|--|------------|--|---|--|--|--|--|--|--------|--|--------------|--------------|------|--|--------------|--|----------|---|----|--|--------------------|--|---------|---|----|--|---|--|--|---|----|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|--|------------------------|--|--|--|--|--|-----------------|--|--|--|--|--|------|--|--|--|--|--|--------|--|--|--|--|--|---------------------|--|--|--|--|--|
| U.S. APPLICATION NO. (If known, see 37 CFR 1.87)<br><b>10/320478</b>   |                             | INTERNATIONAL APPLICATION NO.<br>PCT/SE2003/001202 |   | ATTORNEY'S DOCKET NUMBER<br>0104-0500PUS1 |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
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The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> </tr> <tr> <td colspan="6"><b>TOTAL FEES ENCLOSED = \$ 1,130.00</b></td> </tr> <tr> <td colspan="6">Amount to be refunded: <input type="checkbox"/> \$</td> </tr> <tr> <td colspan="6">Amount to be charged: <input type="checkbox"/> \$</td> </tr> <tr> <td colspan="6"> <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,130.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2448</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> </td> </tr> <tr> <td colspan="6">NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.</td> </tr> <tr> <td colspan="6">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="6"> <br/>         SIGNATURE: <u>Joe McKinney Muncy</u><br/>         NAME: <u>Joe McKinney Muncy</u> </td> </tr> <tr> <td colspan="6">CUSTOMER NUMBER: 02292</td> </tr> <tr> <td colspan="6">January 7, 2005</td> </tr> <tr> <td colspan="6">/smt</td> </tr> <tr> <td colspan="6">32,334</td> </tr> <tr> <td colspan="6">REGISTRATION NUMBER</td> </tr> </table> |                             |  |   |   |  | <input checked="" type="checkbox"/> | a) Basic national fee ..... | \$300.00 | Applicant Use | Office Use Only | <input checked="" type="checkbox"/> | b) Examination fee ..... | \$200.00 | \$ 300.00 |  | <input checked="" type="checkbox"/> | c) Search fee ..... | \$500.00 | \$ 200.00 |  | <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b> |  |  | \$ 500.00 |  | <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). 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| <input checked="" type="checkbox"/>  | b) Examination fee .....    | \$200.00   | \$ 300.00   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
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| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.   |                             |  | \$ 1,000.00   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Total Sheets   |                             | Extra sheets                                       | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                                      |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| 30 - 100 =   |                             | /50 =  |   | x \$250.00                                |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| CLAIMS   |                             | NUMBER FILED                                       | NUMBER EXTRA  | RATE                                      |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Total claims   |                             | 9 - 20 =   | x   | \$  |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Independent claims   |                             | 1 - 3 =  | x   | \$  |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |                             |  | +   | \$  |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS = \$ 1,130.00</b>   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| <b>SUBTOTAL = \$ 1,130.00</b>  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| <b>TOTAL NATIONAL FEE = \$ 1,130.00</b>  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED = \$ 1,130.00</b>   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Amount to be refunded: <input type="checkbox"/> \$   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| Amount to be charged: <input type="checkbox"/> \$  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,130.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2448</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| <br>SIGNATURE: <u>Joe McKinney Muncy</u><br>NAME: <u>Joe McKinney Muncy</u>  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| CUSTOMER NUMBER: 02292   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| January 7, 2005  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| /smt   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| 32,334   |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |
| REGISTRATION NUMBER  |                             |  |   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |           |  |  |  |  |             |  |              |  |              |   |      |  |            |  |       |  |            |  |   |  |  |  |  |  |        |  |              |              |      |  |              |  |          |   |    |  |                    |  |         |   |    |  |   |  |  |   |    |  |  |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |                 |  |  |  |  |  |      |  |  |  |  |  |        |  |  |  |  |  |                     |  |  |  |  |  |